

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25512

1. PLACE OF DEATH

County Missouri
Township Seven
City St. Louis

Registration District No. 114
Primary Registration District No. 5443

File No.
Registered No. 28
St. Ward

2. FULL NAME

(a) Residence, No. _____		St. _____		Ward. _____		(If nonresident, give city or town and State) _____			
(Usual place of abode)									
Length of residence in city or town where death occurred	yrs.	mos.	ds.	How long in U. S., if of foreign birth?	yrs.	mos.	ds.		

PERSONAL AND STATISTICAL PARTICULARS

- | | | |
|--------|------------------|--|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|--------|------------------|--|

Male	White	Female
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- 5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4 1970

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

- | | | | | |
|--------|-------|--------|------|--|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs.
or ... min |
| | | | | |

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work Infant
- (b) General nature of industry, business, or establishment in which employed (or employer). unknown
- (c) Name of employer Heaven

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

10. NAME OF FATHER Mr. J. P. O'Neil

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) *Massachusetts*

12. MAIDEN NAME OF MOTHER *Shirley A. Hall*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Massachusetts*

14. INFORMANT Harold J. W. Pryor
(Address) Chickadee Mo.

15. FILED July 19 1974 J. K. Kelly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *July 5* 19*74*

17. I HEREBY CERTIFY, That I attended deceased from July 5 1927 to July 5 1927 that I last saw him alive on July 4 1927, and that death occurred, on the date stated above, at 1:00 p.m.

~~THE CAUSE OF DEATH~~* WAS AS FOLLOWS:

Abstracting
161A 162 ✓
(duration) yrs - 6 mos. da.

CONTRIBUTORY (SECONDARY) unknown
(duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
- IF NOT AT PLACE OF DEATH

- 9 DID AN OPERATION PRECEDE DEATH? NO DATE OF 12-1-68
 WAS THERE AN AUTOPSY? NO
 WHAT TEST CONFIRMED DIAGNOSIS? 100%

(Signed) W. J. [Signature], M. D.
 Date 7/5/29 (Address) Rocky Mts

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

- | 19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL |
|--|----------------|
| | |

20. UNDERTAKER P.F. ADDRESS

